

CANNON BUILDING 861 SILVER LAKE BLVD., SUITE 203 DOVER, DELAWARE 19904-2467

BOARD OF ARCHITECTS

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Dover, Delaware 19904-2467 EMAIL: customerservice.dpr@delaware.gov Enter Name and Address of Contact to Whom Response Should Be Mailed/Emailed: Name: _____ Address: City, State, Zip: Email: REQUEST FOR APPROVAL OF CONTINUING EDUCATION COURSE **INSTRUCTIONS** Complete this form to request approval of an organized educational activity for credit toward the required continuing education (CE) for maintaining a Delaware architect license. Either Delaware licensees or program providers may submit a request. Submit this request no later than ten business days before the Board's meeting to the address above. For full details on CE requirements, see Rule 6.2.3 of the Board's Rules and Regulations. ☐ Complete request form. ☐ If request is submitted by a course provider, you will be required to pay the fee online. If a Delaware licensee as a nonprovider submits the request, no fee is required. Attach the course outline, brochure or agenda showing breakdown of time allotted for each part of course content. Attach a resume or *curriculum vitae* of the instructor. REQUESTER COMPLETES THIS SECTION 1. Requester (check one):

Course Provider

Delaware Licensee, non-provider 2. If you are a Delaware licensee requesting approval of a course, enter: Delaware License #: **S5** -Your Name: 3. Name of Course Provider: Contact Person: _____ Phone: 5. Provider Address: _____ Street City State Zip Code Website URL: Email: ____ Course Title: Date(s) Offered: ___ Hours Requested: _____ **BOARD OFFICE COMPLETES THIS SECTION** Board Review Date: ☐ Approved for: _____ hours Course Approval Expiration Date: _____ Course certificates *must* include all the following: **Board Review Date** "Course Title" as shown above Course Approval Expiration Date

☐ Tabled – Reason(s): ___

☐ Denied – Reason: ☐ Not directly related to professional growth.

Other: ___